

DATE OF INTERVIEW _____ BUSINESS NAME _____
SERVICE NAME _____ BUSINESS ADDRESS _____
SERVICE ADDRESS _____

VALET PARKING OPERATOR CHECK LIST

- COMPLETED BUSINESS APPLICATION ☐ **OK** _____
- CRIMINAL BACKGROUND CHECK FOR EACH MEMBER OF PARTNERSHIP OR CORPORATION ☐ **OK** _____
- COPY OF CORPORATION PAPERS OR ASSUMED NAME CERTIFICATE ☐ **OK** _____
- VALID D.L. FOR EACH MEMBER OF PARTNERSHIP OR CORPORATION, AS WELL AS, ALL PARKING PERSONNEL ☐ **OK** _____
- PUBLIC LIABILITY INSURANCE \$500,000.00
PROPERTY DAMAGE INSURANCE \$100,000.00
GARAGE KEEPERS INSURANCE \$100,000.00 ☐ **OK** _____
- COUNCIL APPROVAL LETTER OF LOADING ZONE AND TOW ZONE SIGNS ☐ **OK** _____
- PROVIDE SATISFACTORY, TO THE CITY COLLECTOR, AVAILABLE LEGAL OFF-STREET PARKING SPACES EQUAL TO 10% OF OCCUPANCY CONTENT OF THAT BUSINESS ☐ **OK** _____
- PROVIDE CONTRACT OF OWNED OR LEASED SPACES ☐ **OK** _____
- PROVIDE A DRAFT OF PLACECARDS, SIGNAGE AND NUMBER RECEIPTS ☐ **OK** _____
- \$100.00 LICENSE FEE FOR ONE (1) YEAR COMMENCING ON JULY 1ST ☐ **OK** _____

OTHER _____
